

STATE OF INDIANA       )  
                                  ) SS:  
COUNTY OF HAMILTON )

IN THE CIRCUIT/SUPERIOR COURT NO. \_\_\_\_\_

OF HAMILTON COUNTY

CAUSE NO. 29\_\_\_\_\_

**HAMILTON COUNTY PRETRIAL RELEASE SUPERVISION AGREEMENT AND  
CONDITIONS**

I understand that I am being released under the authority of Hamilton County Pretrial Services without having to post a money bond and that this release and the conditions of this release are subject to future orders of the Court.

- **I SHALL call (317) 776-9798 between 8:00 a.m. and 4:00 p.m. (Monday - Friday) on the first business day following release to register with pretrial services and to receive further instructions.**
- I SHALL appear in court at all times required.
- I SHALL NOT leave Indiana without the prior written consent of the Court, and I hereby agree to waive extradition to the State of Indiana and also agree that I will not contest any effort by any State to return me to the State of Indiana. Failure to comply with the above will be deemed to be a violation of the terms and conditions of the Court for which I may be returned to the State of Indiana. Request to travel requires 3 business days in advance written notice and must be filed with the pretrial services office.
- I SHALL NOT commit nor be arrested or charged for a new criminal offense.
- I SHALL provide to pretrial services, my attorney, and the Court a valid email address if available.
- I SHALL provide to pretrial services, my attorney, and the Court a valid cellular telephone number capable of receiving text messages, if available.
- I SHALL notify pretrial services, my attorney, and the Court in writing of any change of address, telephone number, or email address within 24 hours of such change.
- I SHALL remain in full compliance with all contract rules and regulations of pretrial services.
- I WILL receive reminder notices of court dates through the email address and/or cell phone number I provide, BUT IT IS MY RESPONSIBILITY TO KNOW MY COURT DATES AND APPEAR AS SCHEDULED. I may view my case summary with all hearing dates by going to <http://mycase.in.gov>.

**I further understand that I am released subject to the reporting requirements checked below:**

- ☐ [ROR] I **must call the number above**, but otherwise, there is no reporting requirement.
- ☐ [BASIC] I **must call the number above**. There will be an initial in person contact then reporting shall be conducted via telephone or video every other month with my pretrial officer.
- ☐ [MODERATE] I **must call the number above**. There will be in person contact monthly with my pretrial officer.
- ☐ [ENHANCED] I **must call the number above**. There will be in person contact once a month as well as one contact via telephone or video with my pretrial officer.

If I fail to remain in full compliance with the terms and conditions of pretrial release and supervision, my participation may be terminated, and a warrant may be issued for my arrest. I understand that there is a one-time initial charge of \$\_\_\_\_\_ that I must pay by \_\_\_\_\_. Payments shall be paid to the Hamilton County Clerk or online at <http://mycase.in.gov>.

By my signature below, I acknowledge that this agreement has been read to me and that I have received a copy; I understand and agree to the terms and condition of my release to, and supervision by, Hamilton County Pretrial Services.

Date: \_\_\_\_\_

\_\_\_\_\_  
Arrestee signature

\_\_\_\_\_  
Witness name (printed)

\_\_\_\_\_  
Arrestee name (printed)

Copies provided to:      PA (by HCJ)  
                                 Arrestee (by HCJ/screener)  
                                 HCJ (by screener)  
                                 Pretrial Services (by screener)

Hamilton County Pretrial Services  
18106 Cumberland Rd.  
Noblesville, IN 46060

Revised: 7-1-22